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PECOPD Do							Application or Docket Number 10602901		Filing Date: 06/24/2003			To be Mailed	
	API	PLICATION	AS FILED	SMALL	ENTITY [	OR		HER THA					
FOR			NUMBER FILED		NUMBER EXT	RA	I	RATE (\$)	FEE (\$)		RATE (\$	FE	E (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A			N/A			N/A		
	SEARCH FEE 37 CFR 1.16(k), (i), c	er (m))	N/A		N/A			N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(ο), (ρ), α (q))			N/A		N/A			N/A			N/A		
	L CLAIMS R 1.16(i))			minus 20 =	•		l	X \$25 =	/	OR	X \$50 =		
	PENDENT CLAIM R 1.16(h))	S	minus 3 =		•			X \$100 =			X \$200 =		
	PPLICATION SIZE 7 CFR 1.16(s))	FEE fo	If the specification and drawings excet 100 sheets of paper, the application si fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fractic thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			ize on							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								+ \$180			+\$360		
* If the difference in column 1 is less than zero, enter "0" in column 2.							Ī	TOTAL		·	TOTAL		
APPLICATION AS AMENDED — PART II  (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A	<b>@</b> 92906	CLAIMS REMAINING AFTER AMENDMEN		HIGHES NUMBEI PREVIOUS PAID FO	R PRESE			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)		ΓΙΟΝΑL E (\$)
	Total (37 CFR 1.16(i))	* 35	Minus	** 35	= 0			X \$25 =		OR	X \$50=		0
	Independent (37 CFR 1.16(h))	* 4	Minus	<b>++</b> 4	= 0			X \$100 =		OR	X \$200=		0
	Application Size Fee (37 CFR 1.16(s))												
′	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
		(Column 1)		(Column	2) (Column	3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN		HIGHES NUMBER PREVIOUS PAID FO	R PRESE			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)		FIONAL E (\$)
	Total (37 CFR 1.16(i))	*	Minus	**	=		I	X \$25 =		OR	x \$50 =		
	Independent (37 CFR 1.16(h))	•	Minus	**	=			X \$100 =		OR	X \$200 =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						l			OR			
CALCULATE								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If th *** If ti	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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